TRICARE

Your Military Health Plan

Outprocessing Seminar

Separating from Active Duty With Less Than 20 Years of Service

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Outprocessing Seminar

Transitional Assistance Management Program

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Transitional Assistance Management Program (TAMP)

- Offers transitional TRICARE coverage to certain separating active duty personnel and their eligible family members
- Care is available for a limited period of time
- For certain sponsors who have served less than six years, they and their family members are eligible to receive TRICARE benefits for 60 days after the sponsor's separation date*
- For certain sponsors who have served six years or more, they and their family members are eligible to receive TRICARE benefits for 120 days after the sponsor's separation date*

**Eligibility for TAMP is temporarily extended for 180 days. Visit www.tricare.osd.mil for more information.*

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TAMP—Who is Eligible?

- ***If the service member does not meet one of the following TAMP eligibility requirements, medical and dental benefits cease/terminate on the day of separation***
  - Active duty service member involuntarily separated from active duty
  - Active duty service member separated from active duty and involuntarily retained in support of a contingency operation
  - Active duty service member separated from active duty following a voluntary agreement to stay on active duty for a period of less than one year in support of a contingency mission
  - Reserve Component member separated from active duty when activated for more than 30 consecutive days in support of a contingency operation

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Verifying TAMP Eligibility

- The sponsor's Service branch determines whether the sponsor and family members are eligible for transitional benefits
- Active duty sponsors who are separating from active duty need to verify eligibility for transitional TRICARE benefits for themselves and their family
- Contact the nearest Service personnel office for assistance
- Contact the Defense Manpower Data Center Support Office at 1-800-538-9552 to verify eligibility

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Updating DEERS Information

- Visit an ID card issuing facility; locate one near you at *www.dmdc.osd.mil/rsl*
- Call 1-800-538-9552
- Mail changes to:

  Defense Manpower Data Center Support Office

  Attn: COA

  400 Gigling Road

  Seaside, CA 93955-6771

- Make address changes online at: *www.tricare.osd.mil/DEERSAddress*

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Terminal Leave Status

- Service members are not eligible for TAMP while on terminal leave
- While on terminal leave, your family remains covered under your current TRICARE plan option
- If you need to access health care while on terminal leave status, contact the regional contractor in which you are enrolled to get pre-authorization for care

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Coverage for Family Members

- Eligible family members have the same level of benefits as their sponsor (60/120 days or 180 under temporary extension period)
- Dental plan is not included in health care coverage
  - Uniformed services members separated from active duty and their families who are eligible for transitional benefits may receive dental care at military dental treatment facilities on a space-available basis only
  - Dental coverage is available under a separate plan for family members

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TRICARE Plan Options/TAMP

- TRICARE Prime:
  - Requires enrollment with minimal out-of-pocket expenses
- TRICARE Extra:
  - Preferred provider network option
  - Annual deductible and cost-shares
- TRICARE Standard:
  - Fee-for-service option
  - Annual deductible and cost-shares

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TRICARE Prime

- Managed care option
- Must complete an enrollment form
- Fewer out-of-pocket costs
- Select (or are assigned) a primary care manager (PCM)
- Care received at MTFs and in the civilian preferred provider network
- Guaranteed access standards
- No claims to file

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TRICARE Prime Enrollment

- To enroll or re-enroll—Eligible sponsor or family member must complete and submit a TRICARE Prime enrollment application
- Applications that are received through the 20th of the month are enrolled the first day of the next month
- Applications that are received after the 20th of the month are enrolled the 1st day of the second month after the enrollment form is received
- Contact your regional contractor or visit a TRICARE Service Center (TSC) for assistance with enrollment, re-enrollment, or to change your PCM

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TRICARE Extra

- Preferred provider option
- No enrollment required
- Seek care from any provider in the TRICARE network
- Responsible for annual deductibles and discounted cost-shares
- Providers will file claims for you
- May seek care in an MTF on a space-available basis

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TRICARE Standard

- Fee-for-service option
- No enrollment required
- Seek care from any TRICARE-authorized provider
- Responsible for annual deductibles and cost-shares—highest out-of-pocket expense
- May have to pay provider then file claim for reimbursement
- May seek care in an MTF on a space-available basis

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TRICARE Extra vs. Standard

Extra

- Any TRICARE network provider
- TAMP family member: 15% of negotiated rate
- Providers will file claims for you
- Not responsible for additional charges for covered benefits

Standard

- Any TRICARE-authorized provider
- TAMP family member: 20% of allowable charge
- May have to file claims
- Nonparticipating providers may charge up to 15% above allowable charge for services

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Catastrophic Cap

- Catastrophic cap is $1,000 per fiscal year
  - TRICARE Prime
  - TRICARE Extra
  - TRICARE Standard
- The annual catastrophic cap does not apply to your out-of-pocket expenses under the POS option

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Other Health Insurance/TAMP

- TRICARE will always be the second payer to your other health insurance (OHI)
- Submit claim to your OHI first, then to TRICARE:
  - Submit a TRICARE claim form
  - Copy of your itemized bill
  - Explanation of benefits from your other insurance
- TRICARE claim forms—call or visit your local TRICARE Service Center or your regional contractor

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Dental Benefits/TAMP

- Eligible active duty members are entitled to transitional dental coverage on a space-available basis at military dental treatment facilities
  - Family members are not eligible for dental care at these facilities
- Civilian dental care is not a covered benefit for sponsors or family members under the transitional program
- Certain members and family members may receive dental care by enrolling in the TRICARE Dental Program

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Continued Health Care Benefit Program

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Continued Health Care Benefit Program (CHCBP)

- Must enroll in CHCBP within 60 days following the loss of entitlement to the MHS or notification of eligibility
- After the TAMP eligibility expires, members and eligible family members may choose to enroll in CHCBP within 60 days

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CHCBP—Eligibility

- Former service members and their families voluntarily or involuntarily separated under other than adverse condition
  - Includes eligible members ordered to active duty for more than 30 days in support of a contingency operation
- Certain unremarried former spouses
- Children who lose military coverage due to age or marriage
- Children placed in the custody of a service member for the purpose of adoption or legal custody
- Call the TRICARE Information Service for further information about how CHCBP compares to TRICARE Standard

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CHCBP Basics

- Provides continuous medical coverage
- Preexisting condition coverage
- Benefits—comparable to TRICARE Standard, which covers the majority of medical conditions, uses existing TRICARE-authorized providers, and follows most of the rules of TRICARE Standard

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CHCBP—Enrollment

- Must enroll in CHCBP within 60 days
- Completed CHCBP Enrollment Application form
- Fill out DD Form 2837, Continued Health Care Benefit Program Application, which can be found at *www.humana-military.com* or 1-800-444-5445
- Include all documentation requested on the enrollment form (i.e. DD Form 214 – Certificate of Release or Discharge from Active Duty and/or DD Form 1173 – Uniformed Services Identification Card)
- Include premium payment—first 90 days of health coverage
  - Quarterly premium for individual = $933
  - Quarterly premium for family = $1,996

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CHCBP—Enrollment Categories

- Individual Coverage
  - Available to a sponsor, an unremarried former spouse, a child losing military benefits due to age, and a child placed in the legal custody of the sponsor
- Family Coverage
  - Available only to separating service members and their family members

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CHCBP—Length of Coverage

- CHCBP coverage is limited to either 18 or 36 months in increments of 90 days
- Eligibility periods:
  - Up to 18 months for separating Service members and their families
  - Up to 36 months for others who are eligible (in some cases, unremarried former spouses may continue coverage beyond 36 months—if they meet certain criteria)

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CHCBP—Coverage Renewal

- At least 30 days prior to the expiration of the current coverage period, a renewal notice must be sent to the enrollees
- The enrollee must return the renewal notice, and payment in full, no later than 30 days after the end of the current coverage period
- Failure to renew within the required time will result in the permanent loss of entitlement to purchase CHCBP coverage

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CHCBP—Information

- Call Humana Military toll-free: 1-800-444-5445
- Write to:

  Humana Military Healthcare Services, Inc.,

  Attn: CHCBP, P.O. Box 740072,

  Louisville, KY 40201
- Detailed information regarding the CHCBP is also available online at: *www.humana-military.com*

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Pharmacy Coverage

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MTF Pharmacies

- Military Pharmacy
  - No Cost
  - Up to 30-day supply for controlled substances
  - Up to 90-day supply for all other medications

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TRICARE Mail Order Pharmacy (TMOP)

- Convenient home delivery (FPO or APO for overseas locations)
  - Low Cost
    - Generic medication—$3 for up to a 90-day supply
    - Brand name medication—$9 for up to a 90-day supply
    - Non-formulary medication—$22 for a 90-day supply
    - Note: Up to a 30-day supply for controlled substances
  - Free shipping and handling
  - For more information:
    - Visit *www.express-scripts.com/TRICARE*
    - 1-866-DoD-TMOP (1-866-363-8667)

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TRICARE Retail Pharmacy Network

- May have prescriptions filled at a pharmacy in the TRICARE network
- Portable across all regions—no claims to file
- Generic medication—$3 per 30-day supply
- Brand name medication—$9 per 30-day supply
- Non-formulary medication—$22 per 30 day supply
- Administered by Express Scripts, Inc.
- Visit *www.tricare.osd.mil/pharmacy* to locate a retail network pharmacy near you
- 1-866-DoD-TRRx (1-866-363-8779)

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Non-Network Pharmacies

- Most costly option
- TRICARE Standard deductibles and cost-shares apply
- TRICARE Prime POS option applies for TRICARE Prime beneficiaries
- May have to pay for prescription and file claim with Express Scripts for reimbursement

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TRICARE National Resources

- TRICARE Web Site: *www.tricare.osd.mil*
- TRICARE Online: *www.tricareonline.com*
- TRICARE Information Service
- Toll-free access to customer service representatives:
  - 1-888-DoD-CARE (1-888-363-2273)
  - Monday–Friday (except federal holidays)
  - 8 a.m. to 8 p.m. Eastern Time
  - 24-hour access to an interactive voice response system
  - All former TRICARE Information Center toll-free numbers ring to the TRICARE Information Service

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TRICARE Regional Resources

- TRICARE North Region
  - Health Net Federal Services, Inc.
  - *www.healthnetfederalservices.com*
  - 1-877-TRICARE (1-877-874-2273)
- TRICARE South Region
  - Humana Military Healthcare Services, Inc.
  - *www.humana-military.com*
  - 1-800-444-5445
- TRICARE West Region
  - TriWest Healthcare Alliance
  - *www.triwest.com*
  - 1-888-TRIWEST (1-888-874-9378)

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Thank You!

- TRICARE offers a comprehensive health benefit for our beneficiaries even as they transition to civilian life
- From preventive health services, to better coordination with our civilian system and lower out-of-pocket costs for families, we have designed and fully implemented a strong, more uniform benefit
- Wherever we maintain medical capability and capacity, whether through military or civilian services, our goal is a world-class health benefit that serves the needs of our members

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TRICARE Product Feedback

- TRICARE has set up a Web site allowing you to evaluate its marketing materials. Please visit the site listed and provide us with your feedback.

- Please provide feedback at:

  www.tricare.osd.mil/evaluations/presentations

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Backup Slides

The following slides are designed to augment the above slide presentation with additional details.

TRICARE Prime Re-enrollment

- When there is a change in status, you must re-enroll in TRICARE Prime to maintain coverage
- Re-enrollment in TRICARE Prime is required for active duty sponsors and family members enrolled in TRICARE Prime who desire to continue their enrollment upon separation from active duty status
- To re-enroll in TRICARE Prime, you must complete and submit a TRICARE Prime enrollment application
- If you do not enroll/re-enroll in TRICARE Prime, you will automatically be covered under TRICARE Standard

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Enrollment Portability

- Transfer TRICARE Prime enrollment from one TRICARE Region to another
- Simply transfer to a new region and select a new PCM (avoid point-of-service fees)
- If you do not change your PCM, you will remain enrolled in the region you moved from
- If you do not transfer your enrollment, you will remain enrolled in the region you moved from and will fall under the point-of-service option

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TRICARE Prime Point-of-Service (POS) Option

- Freedom to use any TRICARE-authorized provider
- In or out of network—no referrals needed
- Nonavailability statement is not necessary
- Subject to deductibles and cost-shares
- Point-of-service option is more costly to the Prime enrollee

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POS Cost-Shares and Deductibles

- Annual outpatient deductibles are $300 for an individual and $600 for family
- 50% cost-shares for outpatient and inpatient claims, even after the catastrophic cap has been met
- Excess charges up to 15% over the allowed amount
- The annual catastrophic cap does not apply to your out-of-pocket expenses under the POS option

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TRICARE Extra—Costs

- Annual deductible
  - Active duty E-4 and below:
    $50 individual/$100 for family
  - Active duty E-5 and above:
    $150 individual/$300 for family
- Cost-shares after deductible has been met
  - Active duty family members:
    15% of negotiated rate
  - Providers cannot charge more than the negotiated rate for services rendered.

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TRICARE Standard Costs

- Annual deductible
  - Active duty E-4 and below:
    $50 individual/$100 for family
  - Active duty E-5 and above:
    $150 individual/$300 for family
- Cost-shares after deductible has been met
  - Active duty family members:
    20% of allowed charges
  - May be responsible for up to 15% above the TRICARE allowable charge for services if the provider does not participate in TRICARE

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Certificate of Creditable Coverage

- HIPAA Directive
- MHS is required to issue a certificate of creditable coverage to any MHS beneficiary who loses eligibility for health care coverage under TRICARE
- Evidence of prior health coverage for the purpose of reducing how much or how long a health care plan can exclude a person from coverage for a preexisting health condition

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Certificate of Creditable Coverage

- Certificates of creditable coverage are usually required when changing from one insurance plan to another
- May be required by the other insurance plan to present a certificate of creditable coverage
- Example: Leave active duty and obtain job with civilian employer

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Requests for Certificate of Creditable Coverage

- Issued automatically upon loss of TRICARE benefits
- Defense Manpower Data Center Support Office (DSO), Attn: Certificate of Creditable Coverage, 400 Gigling Road, Seaside, CA 93955-6771
- Contact the DSO at: 1-800-538-9552

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TRICARE Regions

- TRICARE North
- TRICARE South
- TRICARE West
- TRICARE Europe
- TRICARE Pacific
- TRICARE Latin America and Canada

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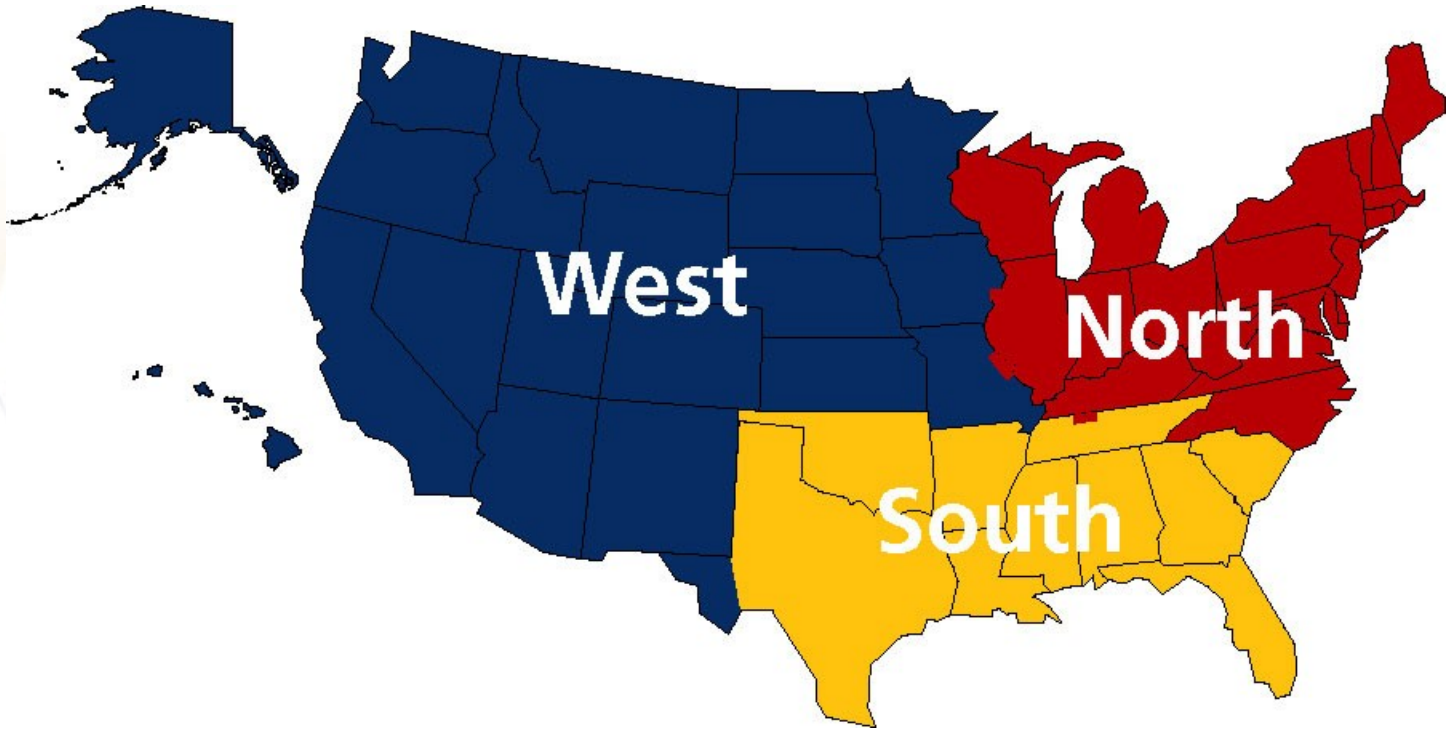
TRICARE Regions



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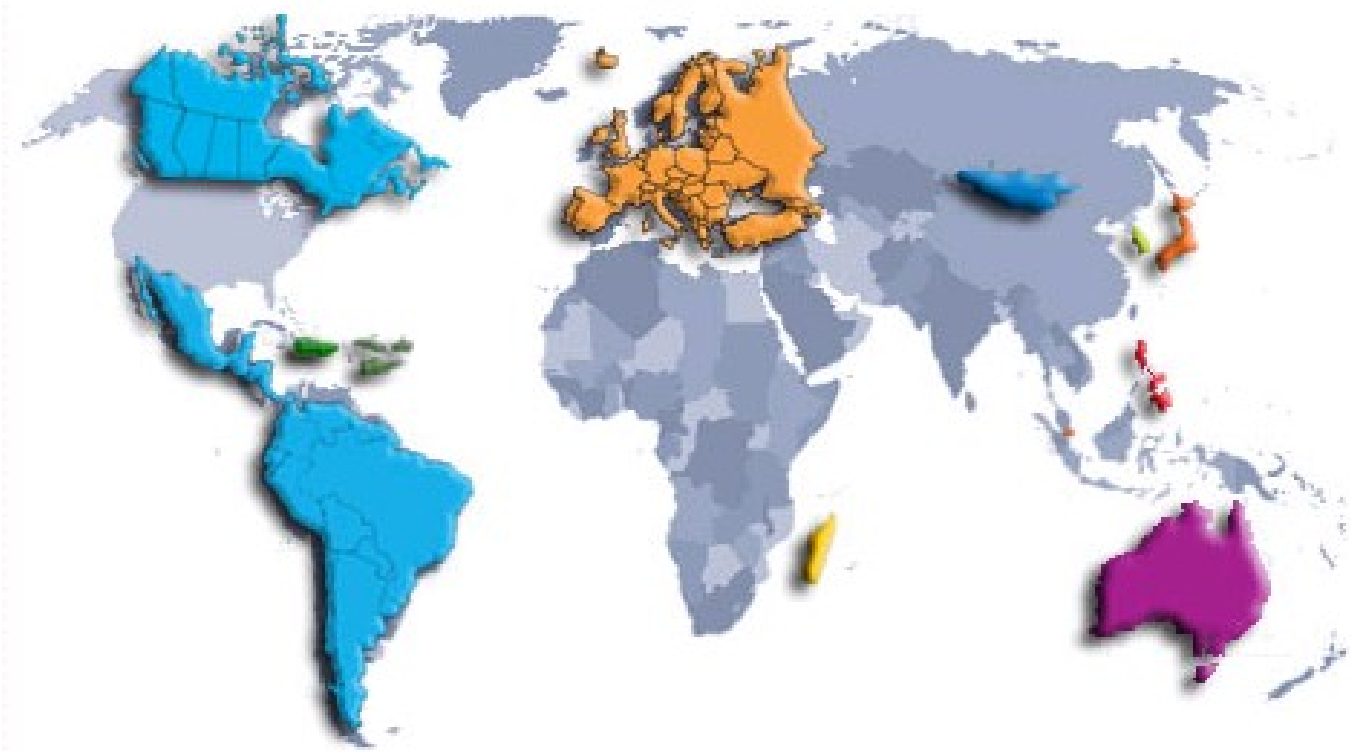
TRICARE Overseas Regions



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